



Based on PTO/SB/31 (08-03) as modified by Blakely, Solokoff, Taylor & Zafman (wtr) 09/11/2003.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

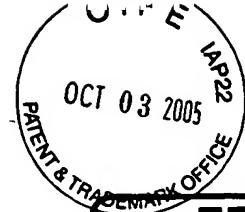


<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/668,798
		Filing Date	September 23, 2003
		First Named Inventor	Soon Ho Lee
		Art Unit	2632
		Examiner Name	Travis R. Hunnings
Total Number of Pages in This Submission	5	Attorney Docket Number	51876P395

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<div style="border: 1px solid black; padding: 5px;">Return Receipt Postcard</div>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Basic Filing Fee	Remarks	
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Eric S. Hyman, Reg. No. 30,139 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	September 28, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Andrea Costello		
Signature		Date	September 28, 2005



# FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

## Complete if Known

Application Number	10/668,798
Filing Date	September 23, 2003
First Named Inventor	Soon Ho Lee
Examiner Name	Travis R. Hunnings
Art Unit	2632
Attorney Docket No.	51876P395

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)  
500.00

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

## FEE CALCULATION

### 1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
7	20**	0	50.00
1	4**	0	200.00
Multiple Dependent			
Large Entity	Small Entity		
Fee Code	Fee Code	Fee (\$)	Fee Description
1202	2202	50	25 Claims in excess of 20
1201	2201	200	100 Independent claims in excess of 3
1203	2203	360	180 Multiple Dependent claim, if not paid
1204	2204	300	150 **Reissue independent claims over original patent
1205	2205	300	150 **Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)	0.00

\*\*or number previously paid, if greater, For Reissues, see below

### 2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	2051	130	65	Surcharge - late filing fee or oath	
1052	2052	50	25	Surcharge - late provisional filing fee or cover sheet.	
2053	2053	130	130	Non-English specification	
1251	2251	120	60	Extension for reply within first month	
1252	2252	450	225	Extension for reply within second month	
1253	2253	1,020	510	Extension for reply within third month	
1254	2254	1,590	795	Extension for reply within fourth month	
1255	2255	2,160	1,080	Extension for reply within fifth month	
1401	2401	500	250	Notice of Appeal	500.00
1402	2402	500	250	Filing a brief in support of an appeal	
1403	2403	1,000	500	Request for oral hearing	
1451	2451	1,510	1,510	Petition to institute a public use proceeding	
1460	2460	130	130	Petitions to the Commissioner	
1807	1807	50	50	Processing fee under 37 CFR 1.17(q)	
1806	1806	180	180	Submission of Information Disclosure Stmt	
1809	1809	790	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	2810	790	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)					
SUBTOTAL (2)		(\$)			500.00

## SUBMITTED BY

Name (Print/Type)	Eric S. Hyman	Registration No. (Attorney/Agent)	30,139	Telephone	(310) 207-3800
Signature		Date	09/28/05		